RECEIVED CENTRAL FAX CENTER

OCT 1 4 2004

Subhash Sankuratripati et al.

8317263475

Case: P3956

Application No.: 09/827.011

Art Unit 2121

Examiner:

Thomas K. Pham

Filing date: 04/04/2001

Subject:

Target Information Generation and Ad Server

Under the Paperwork Reduction Act of 1995, no persons are required to respond to

Certificate of Transmission under 37 CFR 1.8

Attention: Thomas K. Pham, Examiner

Fax No.: (703) 872-9306

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on 10/14/2004

Patricia C. Lambuth

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Total Sheets Transmitted - 13

- Amendment Transmittal 1 sheet
- Duplicate Amendment Transmittal I sheet
- Amendment A 10 sheets
- Certificate of Transmission 1 sheet

Please call (831) 726-1457 if you have any questions.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time required to complete hits form should be sent to the Chief Information Officer, Patent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

OCT 1 4 2004

Method of Transmission: Facsimile						CASE DOCKET NO. P3956					
In referer	In reference to application of Subhash Sankuratripati et al.										
Serial No	Serial No. 09/827,011										
For Tar	get Info	rmation Ge	neration an	d Ad Server							
Sir: Transmit											
✓ App	✓ No additional fee is required. ✓ Applicant claims Small entity status under 37 CFR 1.27.										
	**** CLAIMS AS AMENDED ****										
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)			
		s Remaining Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee			
Total Claims		33	Minus	** 34	0	\$ 9	\$ 18	\$ 0.00			
Indep Claims		3	Minus	*** 3	0	\$ ₄₄	\$ 88	\$ 0.00			
☐ First presentation of a multiple dependent claim \$ 0 \$ 0								\$ 0.00			
Пτ	Terminal Disclaimer Fees \$ 0.00										
Extensio	Extension Fee		1st Month	st Month 2nd Month		☐ 3rd N	\$ 0.00				
	To	otal additional	for claims, ti	me extensions and d	isclaimer fee	S		\$ 0.00			
*** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space. *** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space. **** Multiple dependencies, if any, included in the above calculation. * If the entry in column 2 is less than the entry in column 4, write "O" in column 5. A check in the amount of 0.00 is attached. Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)											
Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.											
Respectfully Submitted, Donald R. Boys Reg. No. 35074											
Donald R. Bo Central Coast P.O. Box 187 Aromas, CA (831) 726-145	Patent A 95004	gency, Inc.									

RECEIVED CENTRAL FAX CENTER PAGE 03

OCT 1 4 2004

Method of Transmission: Facsimile CASE DOCKET NO. P3956												
l	In reference to application of Subhash Sankuratripati et al.											
Serial No. 09/827,011												
l												
	For Target Information Generation and Ad Server											
	Sir: Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.											
	✓ Apr	additional fee is re blicant claims Sma fee has been calcu	ll entity status un									
**** CLAIMS AS AMENDED ****												
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)				
		Claims Remaini After Amendme		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Pee				
	Total Claims	33	Minus	** 34	0	\$ 9	\$ ₁₈	\$ 0.00				
	Indep Claims	3	Minus	*** 3	0	\$ ₄₄	\$ _. 88	\$ 0.00				
	☐ Pi	\$ 0	\$ 0.00									
	☐ Te	☐ Terminal Disclaimer Fees										
	Extension Fee		lst Month	lst Month 2nd Mont		3rd Month		\$ 0.00				
	Total additional for claims, time extensions and disclaimer fees \$ 0.00											
** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space. *** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space. **** Multiple dependencies, if any, included in the above calculation. * If the entry in column 2 is less than the entry in column 4, write "O" in column 5. A check in the amount of												
Cer P.C An	nald R. Boy ntral Coast F D. Box 187 omas, CA 9: 1) 726-1457	atent Agency, Inc. 5004		Respectfully Sul	Do	onald R. Boys g. No. 35074						